

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation US CHAMBER OF COMMERCE		3. FEC Identification Number <div>C C90013145</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1615 H STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20062		
2. Occupation and Name of Employer (for Individual Filers Only)		

Three digital displays showing the date 10/08/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' labels above it. The second display shows '08' with 'D' labels above it. The third display shows '2015' with 'Y' labels above it.

MM / DD / YYYY

6. TOTAL CONTRIBUTIONS.....	.00
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7. TOTAL INDEPENDENT EXPENDITURES	60000.00
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10/10/2015

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

US CHAMBER OF COMMERCE

Full Name (Last, First, Middle Initial) of Payee
Revolution Agency

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 08 / 2015

Mailing Address 1020 Princess Street

Amount

City State Zip Code
Alexandria VA 22314

60000.00

Transaction ID : F57.000001

Purpose of Expenditure
Digital Advertisement opposing Maggie Hassan, Another tax
and spend vote in WashingtonCategory/
Type 004Office Sought: ☐ House State: NH
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Maggie HassanCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 410150.00Disbursement For: ☒ Primary ☐ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 60000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 60000.00
(carry total from last page forward to Line 7)